Resistance of the Erythrocytes to Saponin.—Numerous studies have shown that the varying degrees of resistance of the erythrocytes of different animals to saponin is dependent upon the cholesterin content of the cells. Investigations by MAY (*Ann. de med.*, Paris, 1914, i, 605) in various diseases have led to a similar result. Thus in pulmonary thrombosis, or typhoid fever, in which the cholesterin content is low, the resistance to saponin is diminished, as well as in ordinary jaundice cases, while in hemolytic jaundice the resistance is now increased, now lowered. It is normal in those conditions then, in which there is no abnormality in the cholesterin content of the blood. Hence by means of saponin resistance studies it may be possible to establish a group of diseases characterized by an anomaly in the lipoid content of the erythrocytes. It is probable that not colesterin alone, but the relation of cholesterin and lecithin which influences saponin resistance.

The Abderhalden Reaction in Carcinoma and Tuberculosis.—E. FRANKEL (*Deutsch. med. Wochenschr.*, 1914, xl, 589) has studied the sera of patients suffering with carcinoma and tuberculosis, using appropriate substrata. He has followed rigidly the directions given by Abderhalden in the third edition of his work in carrying out the tests. With cancer substratum from operative and autopsy material, 129 sera were examined. With a sarcoma substratum 62 sera were tested. A number of tuberculous and other sera were tested with tuberculous substrata. The results obtained were far from being specific. In fact, the reaction seemed to be unreliable for diagnostic purposes. The author is unable, as yet, to explain why his results have proved unreliable, while others have had satisfactory experience with this reaction. Possibly, he suggests, the kind of cases examined may have had something to do with the results obtained.

Spinal Fluid Cell Counts in Untreated Cases of Cerebrospinal Syphilis.—Having noted the great fluctuations in the cell counts of cases being treated by the Swift-Ellis method, MITCHELL, DARLING, and NEWCOMB (*Jour. Nerv. and Ment. Dis.*, 1914, xli, 686) made some comparative counts at regular intervals upon untreated cases, thus to ascertain the extent of fluctuation in the pleocytosis. The cases chosen were chiefly paretics in all the various stages of the disease: 34 patients in all are included in the series, upon whom 300 counts were made at intervals of two weeks. A brief history of each of the cases is given. In reviewing the results the following features become apparent. A count of three or less was found at some time in all but two of the 34 cases. These two were both far advanced paretics. Seven cases with high average counts were excitable grandiose paretics, but similar high counts were observed in those showing pronounced depression or the apparent remission of active symptoms. In several cases great variation was shown in the counts at two week intervals without there being any demonstrable change in the patient's symptoms. Low average counts may occur in all stages of the disease. The authors conclude that great variation in the cell count may be found at short intervals in any stage of paresis and that both high and low average counts may persist for months at a time in the various stages of the malady; that the low or falling count is common but not universal before death. Since a reduction in the cell count to a normal limit frequently occurs in progressive untreated cases, a reduced cell count following treatment but accompanied by a persistent positive Wassermann reaction cannot be regarded as having valuable prognostic significance.

The Specific Cause and Cure of Pyorrhea Alveolaris.—BASS and JOHNS (*New Orleans Med. and Surg. Jour.*, 1914, lxvii, 456) have examined the material taken from the lesions in 87 cases of pyorrhea and have found amebæ in 85 of them. This finding was stimulated by an observation made earlier in the year at which time the same authors had observed amebæ in 7 cases of Rigg's disease. In addition to the above cases in which there could have been no mistake as to the diagnosis, the authors have examined material from the gums and teeth of 100 other normal individuals and were unable to find amebæ in a single instance. The technique for examining for amebæ is very simple and consists in the introduction of a suitable instrument such as a tooth pick or platinum loop underneath the gum, remembering that the amebæ are most numerous at the bottom of the lesion. The material removed is diluted on the slide and promptly examined with the microscope. The amebæ that have thus far been seen vary in size from about that of a leukocyte to three or four times this size. They do not possess a contractile vacuole but do contain refractile nutritive particles. There is a sharp differentiation between the endo- and ecto-sarc. Stained specimens show numerous inclusions of tissue of cellular remains, fair indications of the pathogenicity of the amebæ. Recognizing that ipecac has been employed with much success in the treatment of the amebic dysentery, the authors have experimented with the use of emetin given in doses of from ½ to 1 grain a day hypodermically. The dosage has been repeated daily for three or four days. Their results have been most gratifying. In several cases no amebæ could be found the next day after the first dose was given. The authors are unable to state yet the exact nature of the infecting organism nor how long they will be absent following emetin treatment. The length of time necessary to secure an absolute cure will doubtless depend upon many other factors and careful attention to the dental requirements of the patient.

The Early Diagnosis of Measles.—M. GRUMANN (*München. med. Wochenschr.*, 1914, lxi, 132) adverts to the importance of Koplik's spots in the early diagnosis of measles. The author has observed another early manifestation of the disease. On the tonsils there may be seen punctate or linear, white efflorescences approximately 3 mm. in length in the region of the lacunar depressions and also on the protuberances of the tonsils; in the latter situation linear efflorescences are more common. The author has noted that Koplik's spots and these appearances described above often appear simultaneously in the initial stages of measles. In many cases Koplik's spots alone are seen and not infrequently the tonsillar manifestations are the only early evidence of measles. The development of the rash makes the significance of the phenomena described above perfectly clear, the author says.